

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name **Rogue River Mobile Estates** PWS ID# **41 01067**
 Month/Year **Sept 1 2021** Entry Point: **WTP-A** Required Minimum Residual mg/L **0.2**

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|------|------------------|--|---------|
| 1 | 6:00 | | 0.40 | 1 gal/5 |
| 2 | 7:30 | | 0.40 | |
| 3 | 7:00 | | 0.40 | |
| 4 | 6:10 | | 0.40 | |
| 5 | 7:30 | | 0.40 | |
| 6 | 8:00 | | 0.40 | |
| 7 | 7:30 | | 0.40 | |
| 8 | 6:00 | | 0.40 | |
| 9 | 7:00 | | 0.40 | |
| 10 | 7:15 | | 0.40 | 1 gal/5 |
| 11 | 8:00 | | 0.40 | |
| 12 | 6:00 | | 0.40 | |
| 13 | 7:30 | | 0.40 | |
| 14 | 6:15 | | 0.40 | |
| 15 | 8:00 | | 0.40 | |
| 16 | 6:45 | | 0.40 | |
| 17 | 7:30 | | 0.40 | |
| 18 | 8:30 | | 0.40 | |
| 19 | 7:00 | | 0.40 | |
| 20 | 7:30 | | 0.40 | |
| 21 | 7:00 | | 0.40 | |
| 22 | 6:00 | | 0.40 | |
| 23 | 6:30 | | 0.40 | |
| 24 | 6:30 | | 0.40 | |
| 25 | 7:15 | | 0.40 | |
| 26 | 8:00 | | 0.40 | 1/5 |
| 27 | 7:30 | | 0.70 | |
| 28 | 6:00 | | 0.40 | |
| 29 | 7:00 | | 0.40 | |
| 30 | 7:00 | | 0.40 | |
| 31 | | | | |

Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours - if > 4 hours, Drinking Water Program to be notified by end of next business day.

| | |
|---|--|
| <p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p> | <p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p> |
|---|--|

Printed Name: **CAROL BOETTCHER** Title: **MGR** Operator Certification #: _____
 Signature: *Carol Boettcher* Phone #: () _____ OR
 Date: **10 11 21** Small Groundwater System

Fal 971-113-11458